

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the front of the envelope.

████████████████████████████

Nurse Paula
Autauga Metro Jail
136 North Court Street
Prattville, AL 36067

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Barbara G. Rhodes

Agent
 Addressee

B. Personified by (Printed Name)

Barbara G. Rhodes 12-2607

C. Date of Delivery

address different from item 1? Yes

other delivery address below: No

07CV1105
POX Comp

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number
(Transfer from service label)

7007 1490 0000 0024 7786

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540